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North Wales Mental Hospital Management  
Committee



THE SECOND  
ANNUAL REPORT

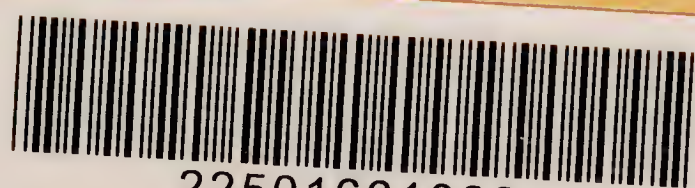
OF THE  
North Wales Mental Hospital Management  
Committee

FOR THE PERIOD  
1st January, 1950—31st December, 1950

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# **NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE**

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## **Chairman:**

Councillor Mrs. K. W. Jones-Roberts, O.B.E., J.P., B.A.,  
Penrhiw, Ffestiniog, North Wales.

## **Vice-Chairman:**

Alderman Alfred E. Hughes, C.B.E., J.P.,  
Brynhyfryd, Dolgelley.

## **Members:**

Councillor James F. Chadwick, Haulfre, Llangoed.  
(Chairman of the Works and Engineering Committee).

Alderman Mrs. Anne Fisher, J.P., Tyddyn Elian, Llanberis.

Dr. J. T. Lewis, Beech House, Vale Street, Denbigh.

Dr. J. H. O. Roberts, J.P., Mental Hospital, Denbigh.

Alderman R. T. Vaughan, C.B.E., J.P., Ardwyn, Bala.  
(Chairman of the Farm Committee).

(Appointed for the period ending 31st March, 1951).

Alderman Mrs. E. C. Breese, J.P., Gorsty Hayes, Ruabon  
Road, Wrexham.

(Chairman of the General Purposes Committee).

T. W. Johnson, Esq., Wynford, Rhyl Road, Denbigh.

Councillor W. J. Hodson, J.P., Crestonia, Liverpool Road, Buckley.  
(Chairman of the Finance Committee).

Mrs. R. J. Roberts, O.B.E., Bryn, Greenfield Road, Ruthin.

Henry Parry, Esq., 1 Veto Villas, Denbigh.  
(Appointed for the period ending 31st March, 1952).

Councillor Mrs. Walter Jones, J.P., Bryn Arfon, Llangefni.

Councillor Thomas Jones, 31 Nantygader Road, Llay, Wrexham.

Dr. A. E. Roberts, Garth, Fairfield Avenue, Rhyl.

Alderman J. Howell Roberts, Gwyndy, Llannor, Pwllheli.  
(Appointed for the period ending 31st March, 1953).

## **Secretary and Finance Officer:**

Sidney L. Frost, F.H.A.

## **Supplies Officer:**

Alfred H. Lucas, F.H.A., A.R.San.I.

## **Group Engineer and Clerk of Works:**

R. Glyn Pritchard, M.I.H.E., M.I.E.C.

## **Senior Admin. Assistant to the Secretary and Finance Officer:**

D. Basil Evans.



**HOSPITALS AND INSTITUTIONS ADMINISTERED BY  
THE NORTH WALES MENTAL HOSPITAL MANAGEMENT  
COMMITTEE**

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**North Wales Hospital for Nervous and Mental Disorders, Denbigh,  
and Pool Park Hospital, near Ruthin.**

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**Chairman:**

Councillor Mrs. K. W. Jones-Roberts, O.B.E., J.P., B.A.

**Vice-Chairman:**

Alderman Alfred E. Hughes, C.B.E., J.P.,

**Medical Superintendent:**

J. H. O. Roberts, M.D., D.P.M., J.P.

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**Coed Du Hall M.D. Institution, near Mold.**

**Chairman of the House Committee:**

Alderman Mrs. E. C. Breese, J.P.

**Members:**

Mrs. Florence Jones,	Councillor W. J. Hodson, J.P.
Mrs. R. J. Roberts, O.B.E.	Councillor Thomas Jones.
Alderman H. Hampson, J.P.	Councillor J. Price.

**Matron-Superintendent:**

Miss Flora J. MacDonald, R.G.N.(Scot.), R.M.N., R.M.P.A.

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**Llwyn View M.D. Institution, Dolgelley, and Garth Angharad M.D.  
Institution, Dolgelley.**

**Chairman of the House Committee:**

Alderman Alfred E. Hughes, C.B.E., J.P.

**Members:**

Alderman Mrs. Anne Fisher J.P.	Dr. W. F. Gapper.
Mrs. M. Maelor Jones.	D. R. Meredith, Esq.
Councillor Mrs. Jones-Roberts, O.B.E., J.P., B.A.	Alderman J. Howell Roberts.
Mrs. E. Roberts.	Ald. R. T. Vaughan, C.B.E., J.P.

**Superintendent, Garth Angharad:**

Mr. W. M. Roberts.

**Matron-Superintendent, Llwyn View:**

Miss Sydney Williams, S.R.N., R.M.P.A., C.M.B.

**Fronfraith M.D. Institution, Rhyl, and Broughton M.D. Institution,  
Near Chester.**

**Chairman of the House Committee:**

Dr. A. E. Roberts.

**Members:**

Councillor Miss Ethleen

Dr. J. T. Lewis.

Williams, J.P.

P. T. Trehearne, Esq.

Alderman Miss Margaret Williams.

**Matron-Superintendent:**

Miss A. E. Fletcher, S.R.N., R.M.P.A.

**Medical Officer of M.D. Institutions:**

J. H. O. Roberts, M.D., D.P.M., J.P.

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## Medical and Other Staff

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### **PSYCHIATRY.**

*Consultants:*

J. H. O. Roberts, M.D. (Lond.), D.P.M.

Geoffrey Williamson, M.B., Ch.B. (Manchester), D.P.M.

T. Gwynne Williams, M.D. (Lond.), D.P.M.

E. Simmons, M.D. (Bonn), L.R.C.P. & S. (Edin.). (Child Psychiatry).

*S.H.M.O.*

I. M. Davies, M.R.C.S., L.R.C.P., D.P.M.

K. C. S. Edwards, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.M.

*Registrar:*

D. I. Jenkins, B.Sc., M.B., M.R.C.P.

*Senior House Officer:*

A. B. Monks, B.A., M.B., B.Ch., B.A.O. (Dublin), D.P.H.

*Junior Hospital Medical Officer:*

O. F. Sydenham, B.Sc. (Birmingham), M.B.,  
Ch.B., M.B.B.S. (Lond.).

**Consultants in Other Specialities:**

*Pathology:*

A. Ceinwen Evans, M.B., Ch.B., B.Sc. (Wales).

*General Medicine:*

P. R. C. Evans, G.M., M.D. (Lond.), M.R.C.P.

*General Surgery:*

D. I. Currie, M.B., Ch.B. (Leeds), F.R.C.S. (Eng.).

R. S. Ninian, F.R.C.S. (Edin.).

*Neuro-Surgery:*

A. Sutcliffe Kerr, M.C., Ch.B. (Liverpool), F.R.C.S. (Eng.)

*Ear, Nose and Throat Surgery:*

R. D. Aiyar, F.R.C.S. (Edin.).

*Ophthalmology:*

Eleanor M. P. Brock, M.B., Ch.B. (Liverpool), D.O.M.S.

*Anaesthetics:*

H. S. Bell, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

*Radiology:*

S. Nowell, M.B., Ch.B. (Manchester), D.M.R., F.F.R.

I. Pierce Williams, M.B., Ch.B. (Liverpool), D.M.R.

*Dental Surgeon:*

Charles Hubbard, L.D.S.

*Psychologist:*

Martha Vidor, Ph.D. (Leipzig), F.B.Ps.S.

*Psychiatric Social Workers:*

Kathleen M. Jones, B.A. (Wales).

Janet W. Wiggins.

J. S. Midwinter.

*Matron:*

Blodwen D. Hughes, S.R.N., S.C.M., R.M.P.A.

*Chief Male Nurse:*

T. J. Davies, R.M.N., R.M.P.A.

*Occupational Therapists:*

May Cooper, S.R.M.N., M.A.O.T.

G. R. Wilson, R.M.P.A., M.A.O.T.

**Chaplains:**

Rev. H. Davies, B.A., Church of England.

Rev. R. H. Davies, B.A., Nonconformist.

Father Joseph Wedlake, Roman Catholic.

Rev. H. W. Jones, M.A., M.C., Church of England.

Rev. G. I. Davies, B.A., Nonconformist.



# North Wales Mental Hospital Management Committee

## CHAIRMAN'S ANNUAL REPORT—Year Ended 31.12.50.

On behalf of the North Wales Mental Hospital Management Committee I have the honour to submit the following General Report in respect of the year ended 31st December, 1950. Reports on the medical aspects of the work are submitted by Dr. J. H. O. Roberts, Medical Superintendent at the North Wales Hospital for Nervous and Mental Disorders, and Medical Officer to the Mental Deficiency Institutions, and by Dr. E. Simmons, Child Psychiatrist in the Committee's area in North Wales.

Overcrowding continues at the Hospital in Denbigh. In May, 1950, there were 1,494 patients in residence at the Hospital as compared with 1,200 in 1930. The admission rate has risen from 200 per annum in the pre-war years to 820 in 1950. The discharge rate was 81.4% of direct admissions. This means that of every 10 patients entering hospital, 8 return home either fully recovered or sufficiently well to take their place in society. This is a continuing tribute to the work of the medical and nursing staff which the Committee are proud to be associated with.

In the opinion of the Medical Superintendent the increase in the Hospital population during the last 15 years is due to the greater numbers of patients now resident in the over-65 age group. This, in turn, is due partly to an increasing tendency to send into the hospital old people, many of whom might more properly be treated elsewhere. In consequence of the overcrowding generally, the admission of voluntary patients, the majority of whom have good prospects of recovery after treatment, is now subject to a waiting period of from two to three weeks. Representations have been made both by the Medical Superintendent and the Regional Hospital Board to medical practitioners to bear this situation constantly in mind, and authorised officers of Local Authorities are now asked to inquire beforehand whether a bed is available before bringing a certified patient to the Hospital.

The extensions proposed by the Visiting Committee before the appointed day, viz. 2 Female Villas and 1 Male Villa, making a total of 92 additional beds, are still under consideration and will be proceeded with as money becomes available. It is hoped that they can be included in the 1952-53 building programme of the Welsh Regional Hospital Board.



Meantime some additional accommodation is being provided for Mental Defectives. The male patients at Llwyn View, Dolgelley, 25 in number, were removed to Garth Angharad, Dolgelley, in August of this year. This is a commodious and pleasant mansion situated on the Dolgelley—Arthog road which the committee have acquired on a 10-year lease, and in 1951-52 it will be possible to place a further 25 patients in this Home. At Llwyn View itself considerable adaptations have been carried out. The entire building has been renovated and decorated, and in the summer of 1951 accommodation will be available for 60 female patients here. Building operations continue at Broughton, Flintshire, and the 30 female patients now temporarily accommodated at Fronfraith, Rhyl, will be moved there early in 1951. Here again there will be accommodation for 60 patients in all.

The Committee have continued their search for a suitable site for a Mental Deficiency Colony in North Wales, and they have forwarded particulars of an eminently suitable property to the Regional Hospital Board, who will view it, together with other properties, early in 1951. Thus it is hoped ultimately to accommodate the entire Mental Defective population in North Wales, numbering between 800 and 1,000.

Improvements of a minor character have been carried out at the Hospital in Denbigh. A new dental surgery has been erected, as also a waiting-room, pharmacy and Chief Male Nurse's office, and extensions have been made to the Medical Officers' office. A number of wards have been painted and decorated during the year, and the Nurses' Home has been completely renovated.

The Committee is concerned about the need to safeguard and improve the water supply to the Hospital in order to meet fully the daily domestic requirements and the potential need of the fire-fighting service. The Group Engineer, Mr. R. Glyn Pritchard, is in continuous consultation with the Committee's Consulting Engineer, Mr. A. H. S. Waters, on this matter. Plans are in hand for connecting Gwynfryn with A.C. Grid Electricity Supply, there being now a demand for current which the generating plant at the Hospital is unable to cope with adequately. Silting has taken place at Lawnt Dam, and the Regional Hospital Board have taken steps to enable the damage to be repaired before the end of this financial year.

Finance has presented the Committee with serious problems in the course of the year. After the estimates had been prepared the Committee was informed that no supplementary estimates could be presented and that the estimate already put forward must be regarded as a ceiling. The Minister of Health invited the Chairmen of all Hospital Management Committees throughout the Country to meet him in London so that he might explain to them personally the rea-

sons for this stringency. Estimates had to be reconsidered in the light of the explanation given by the Minister, and throughout the year the Committee has had to exercise the strictest possible economy, at the expense of a number of hoped-for improvements. They were further handicapped by the fact that the additional cost of maintaining the Male Mental Defective patients removed to Garth Angharad had to be met out of current estimates. Another, and a recurring, difficulty is occasioned by the practice of Whitley and other Negotiating Councils of making new rates of pay retrospective over a long period. For example, in the course of this year the rate of pay of Assistant Nurses was increased and made retrospective to February, 1949. As a result, the Committee were faced with an additional liability of £10,000 in the current year that had not been included in the estimates. Another difficulty the Committee has to face is the continuous increases in price in practically every range of commodity. This has greatly complicated the work of the Supplies Officer, Mr. A. H. Lucas.

Monthly returns of expenditure are prepared for the Regional Hospital Board. These are closely scrutinised by the Finance Committee of the Hospital Management Committee, and every effort is made to formulate a clear picture of the expenditure from month to month. The Committee, however, have found that the present Income and Expenditure method of accountancy prescribed does not provide them with the up-to-date figures which they require, and, through the Association of Hospital Management Committees, they have pressed upon the Ministry of Health the desirability of presenting accounts on the basis of Receipts and Payments.

Representatives of the Welsh Board of Health, Captain J. Glynn Jones and Mr. J. E. Roberts, have attended Committee Meetings since May as liaison officers, and the Committee greatly appreciate the help which these gentlemen have rendered at every stage of the work.

A new Stores Accountancy system has been established as required by Statutory Instrument 1414 and two General Division Clerks have been engaged to cope with the additional work. The Committee avail themselves of the Regional Purchasing arrangements offered by the Regional Hospital Board, where they are satisfied that this is to the advantage of the Service, e.g. in the case of motor-cars and typewriters.

The Capital share of the Hospital Endowment Fund (Free Monies) allocated to the Committee has now been fixed at £32,746. The income is paid over to the Committee by the Regional Hospital Board.

The Out-patient Services of the Hospital continue to grow. Attendance at the Clinics has risen from 304 in 1944 to 1,778 in 1950. It is gratifying that we have been able to staff fully the Social



Work department. This, at present, consists of three Psychiatric Social Workers and two Social Workers. Two members of the staff speak fluent Welsh.

At the commencement of the year, Dr. Simmons took up his appointment of Consultant Child Psychiatrist and the Child Guidance Clinics, which had previously been directed by varying members of the Medical Staff at Denbigh, passed to his care. These Clinics, which are held at the Child Welfare Departments of the County Councils, are run quite independently of the Adult Clinics and have no association as far as the patient is concerned with the Mental Hospital at Denbigh or with the General Hospitals. The reason for this is that it is important that there should be no suggestion that a child attending a Child Guidance Clinic is in any way defective or psychotic and it should perhaps be emphasised that the prime object of these Clinics is to deal with children who are potentially normal although for the time being perhaps showing behaviour disturbances.

The tuberculosis mass radiography unit of the Regional Hospital Board visited the Hospital in April and May, when 1,416 patients were examined. Of these, 7 proved to be active sputum cases. The unit also visited Llwyn View, Dolgelley, and patients and staff there were X-rayed.

There has been a slight but gratifying improvement in the female nursing position, but the number of student nurses qualifying is not yet sufficient to fill adequately the ranks of staff nurse, deputy sister and sister. However, it is hoped that the improved recruitment of students more recently noted will remedy this in the course of time.

A preliminary training school for nurses was established in January, 1950. The course is planned in accordance with the requirements of the General Nursing Council and lasts two months, after which the candidates, if satisfactory, are accepted as Student Nurses.

Commissioners and Inspectors of the Board of Control have visited the Hospital and the Institutions in the course of the year. They have expressed themselves as being highly satisfied with the service at the Hospital. Where criticism has been offered, as in the case of the Mental Deficiency Institutions, every effort has been made within the limits of financial stringency to repair omissions and to provide the improvements suggested.

Considerable advance has been made during the year in the serving of food at the Hospital. Six hot cupboards have been installed in the Kitchen. Forty Standard Insulated Containers have been purchased together with thirty-six Insulated Liquid Containers and two additional trolleys, thus ensuring that the food is served hot

in every part of the Hospital. Four hundred and twenty new bedside lockers are being acquired from the Government Training Centre, Cardiff. New bedside rugs are being provided in the Nurses' Home and additional easy chairs supplied to various wards in the Hospital. Carpets have been renewed in the Female Convalescent Villa and in the Common Room of the Nurses' Home. A hot cupboard has been installed in the Male Nurses' Messroom and consideration is being given to the heating of the Male Nurses' Block.

Patients' amenities and entertainments have continued to receive the Committee's attention. A weekly whist drive, dance and cinema show are held at the Hospital. Six concerts arranged by the Council for Music in Hospitals were held during the year. A dancing instructress has been engaged for the female convalescent patients, with notable benefit to their health and spirits. A T.V. set has been provided at Denbigh out of the Hospital Endowment Fund (Free Monies), together with additional indoor games. The weekly W.E.A. class continues to flourish and the Committee make a contribution to the North Wales Branch of the Association in respect of the services rendered. The patients' library is kept supplied with £5-worth of fresh books a month.

An interesting experiment has been started in the course of the year. In the Occupational Therapy department, under the guidance of Mr. G. R. Wilson, the Senior Male Occupation Therapist, the patients' have launched their own Magazine at the Hospital. The contributions are supplied by the patients' themselves, and the printing and binding are done in the O.T. Department.

By arrangement with the Red Cross Picture Library, 25 pictures are sent to the Hospital during the year and are changed periodically. Railway Posters have also been acquired. Frames for these are made at the Hospital.

Relatives and friends visiting the Hospital on the appointed days are provided with facilities for refreshments in the Main Hall. These are much appreciated. Reduced railway fares continue to be available for visitors to long-stay cases.

Visiting Chaplains, representing all denominations, attend at the Hospital and Institutions and conduct services in turn.

At Pool Park a cinema projector is being provided, chargeable to Free Monies, and when installed will provide entertainment for all the patients. At present a number of selected patients are brought to Denbigh once a week. A weekly cinema show is provided at Coed Du, and Llwyn View patients at Dolgelley have been given free weekly visits to the local cinema by the proprietors. Arrangements are also made for Fronfraith patients to be taken to the pictures periodically.

In the course of the year the Committee has joined the newly-formed Association of Hospital Management Committees, and has



appointed Ald. Mrs. Anne Fisher as its representative. It has also accepted an invitation from the Clwyd & Deeside Hospital Management Committee to appoint two representatives—the Medical Superintendent and Dr. A. E. Roberts—on a Joint National Hospital Reserve Co-ordinating Committee.

In the course of the year three members of the medical staff, Dr. J. D. Lucy, Dr. L. G. Hannah and Dr. R. Aspinwall resigned in order to take up appointments elsewhere, and the following new appointments were made: Dr. G. Williamson, Medical Superintendent at Rainhill, was appointed to the post left vacant by Dr. Wilson's death. Dr. I. M. Davies was appointed S.H.M.O., Dr. D. I. Jenkins to be Registrar and Dr. O. F. Sydenham, Junior Hospital Medical Officer. To them all we extend a warm welcome. Dr. K. C. S. Edwards, previously Senior Registrar, has recently been appointed S.H.M.O.

Mr. F. J. Williams has been appointed Administrative Assistant to the Medical Superintendent to replace Mr. Miller. In the course of the year Mr. Williams passed the final examination of the I.H.A. and was cordially congratulated by the Committee.

Mr. R. Blythen has resigned his appointment as Assistant Chief Male Nurse at Pool Park, and he and Mrs. Blythen go into retirement with the Committee's best wishes. Male Nurse E. J. Davies has been appointed to the vacant position. Mr. T. W. Vaughan retired at Christmas after 36 years' service as Storekeeper at the Hospital. At lunch with the Committee before his departure Mr. Vaughan was thanked for his long and faithful service and wished long life and happiness to enjoy his retirement. He is succeeded in his post by Mr. R. G. D. Williams of University College Hospital, London.

The Committee suffered a grievous loss by the death of Miss M. P. Elder who had been Matron-Superintendent at Coed Du since the opening of the Institution 20 years ago. Miss Elder was an outstanding personality beloved by all, and her loss will be mourned by all who came into contact with her work. Miss Flora MacDonald, Assistant Matron at St. David's Mental Hospital, Carmarthen, has been appointed to fill the vacancy. During the interim period, the post was filled by Sister Morfydd Davies, to whom the Committee's most grateful thanks are due for carrying out the duties of Acting Matron.

Following the transfer of Male Patients from Llwyn View, Mr. W. M. Roberts was appointed Superintendent at Garth Angharad, and Sister Sydney Williams became Matron-Superintendent at Llwyn View.

A Joint Staff Consultative Committee was set up in November on the lines indicated by the Ministry of Health, and it is hoped that

material advantage will accrue to the Management Committee and to the staff as a result of these joint consultations.

Every effort is made to keep the Mental Deficiency Institutions in close touch with the Hospital and to extend to them all the benefits that can be provided by the larger Institution. Members of the House Committees visited Denbigh in September and met the Management Committee. They were conducted on a tour of the Hospital Farm by the Chairman of the Farm Committee, Ald. R. T. Vaughan, and taken round the Hospital by the Medical Superintendent. The Committee take this opportunity of expressing once again the deep gratitude which they owe to members of the House Committees for the continuing and devoted service which they render at these Institutions. The Lay Superintendents, too, are welcomed at Denbigh when opportunity presents itself.

In conclusion, the Committee's warmest thanks are due to their Secretary and Finance Officer, Mr. S. L. Frost, and to his staff for the efficient and competent way in which they have discharged the onerous duties laid upon them throughout the year. To the Medical Superintendent, Dr. J. H. O. Roberts, and to the Medical, Nursing and Lay Staff at the Hospital we are heavily indebted, as also to the Lay Superintendents and their Staffs at the four Mental Deficiency Institutions.

It is our hope that the Mental Health Service in North Wales will continue increasingly to benefit the community and that further extensions will become possible as financial circumstances permit.

**K. W. Jones-Roberts,**  
*Chairman.*

February, 1951.





# Medical Superintendent's and Medical Officer's Annual Report

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Madam Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital at Denbigh, and the Medical Officer's Report for the three Mental Deficiency Institutions for which the Management Committee is responsible.

## **NORTH WALES HOSPITAL, DENBIGH**

In considering the work of the Hospital, it is well to bear in mind its relationship to the problem of mental health as a whole for there can be no exact line of demarcation between the mentally ill who require treatment at Denbigh and those who can be treated in the Out-patient Clinics or by the General Practitioner. Generally speaking, the proportion of cases predominantly psychiatric, who require admission to Denbigh is low and it must be the primary objective of a properly orientated Mental Health Service to keep reducing it.

As overcrowding is one of the chief difficulties with which the Hospital has to contend, it might well be asked whether we are not failing in our primary objective or whether other factors lead to overcrowding. Whilst it would be difficult to deal with all the possibilities, examination of the increase in the population according to the age groups concerned throws some light on the problem.

Graph I shows the variation in the number of patients on our books at the end of each of the past 15 years.

Curve A. gives the total number of patients on books.

Curve B. gives the number of those under 65 years of age.

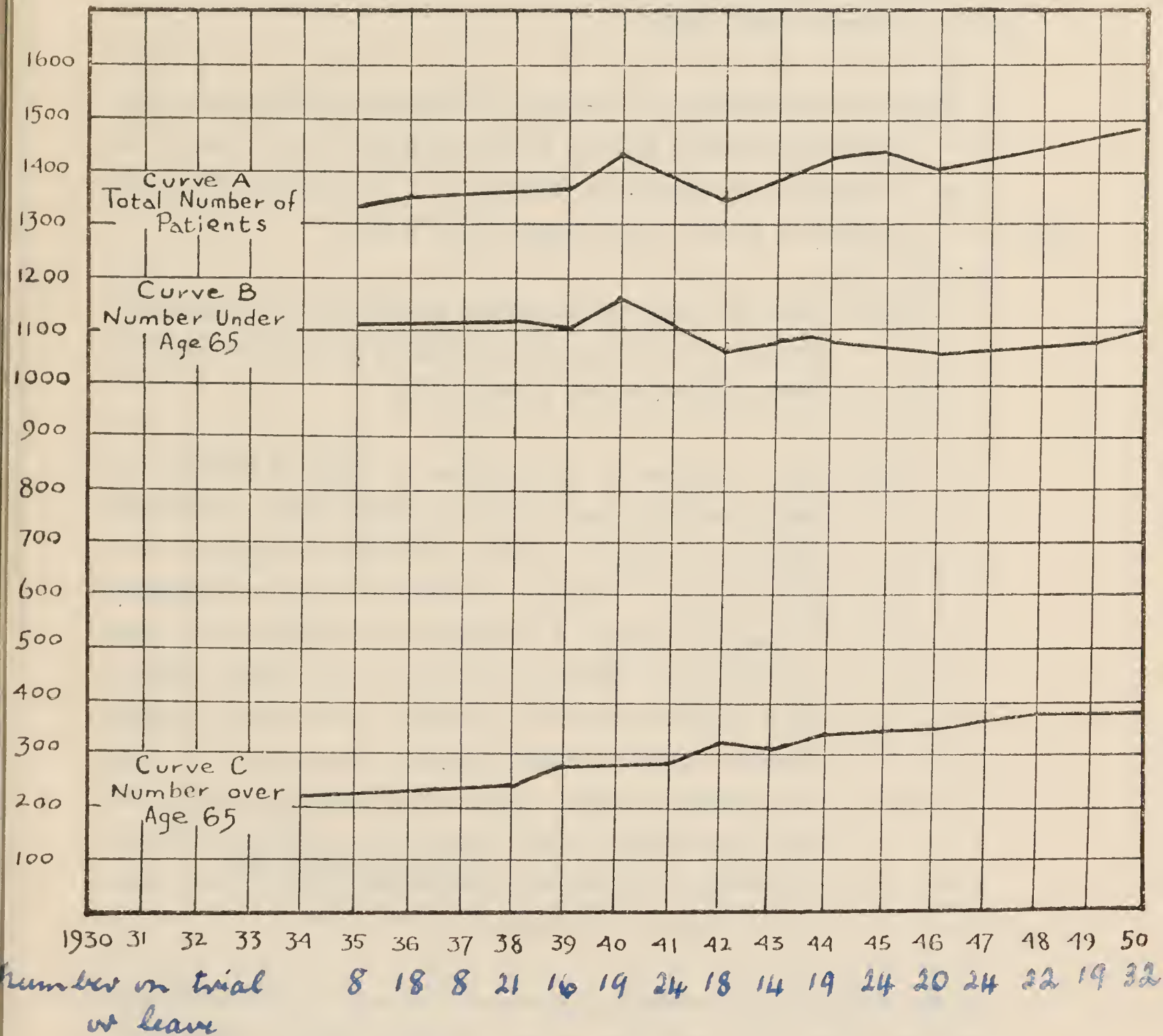
Curve C. gives the number of those over 65 years of age.

It will be seen that during the years covered by the Graph, the number of patients over 65 years of age has risen by 148 while the number under 65 years of age has fallen by 7. With regard to the increase in the older age group, two factors contribute, first the increased tendency to send old people into mental hospital, secondly the increased longevity of the patients themselves. As far as patients in the lower age group are concerned, the fall in their number would appear to dispose of the suggestion sometimes made that our overcrowding is due to the increased facility with which we now get patients into hospital.



## Graph I.

NOTE: The figures on which this Graph is based refer to the number of patients on our books on the date given but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.

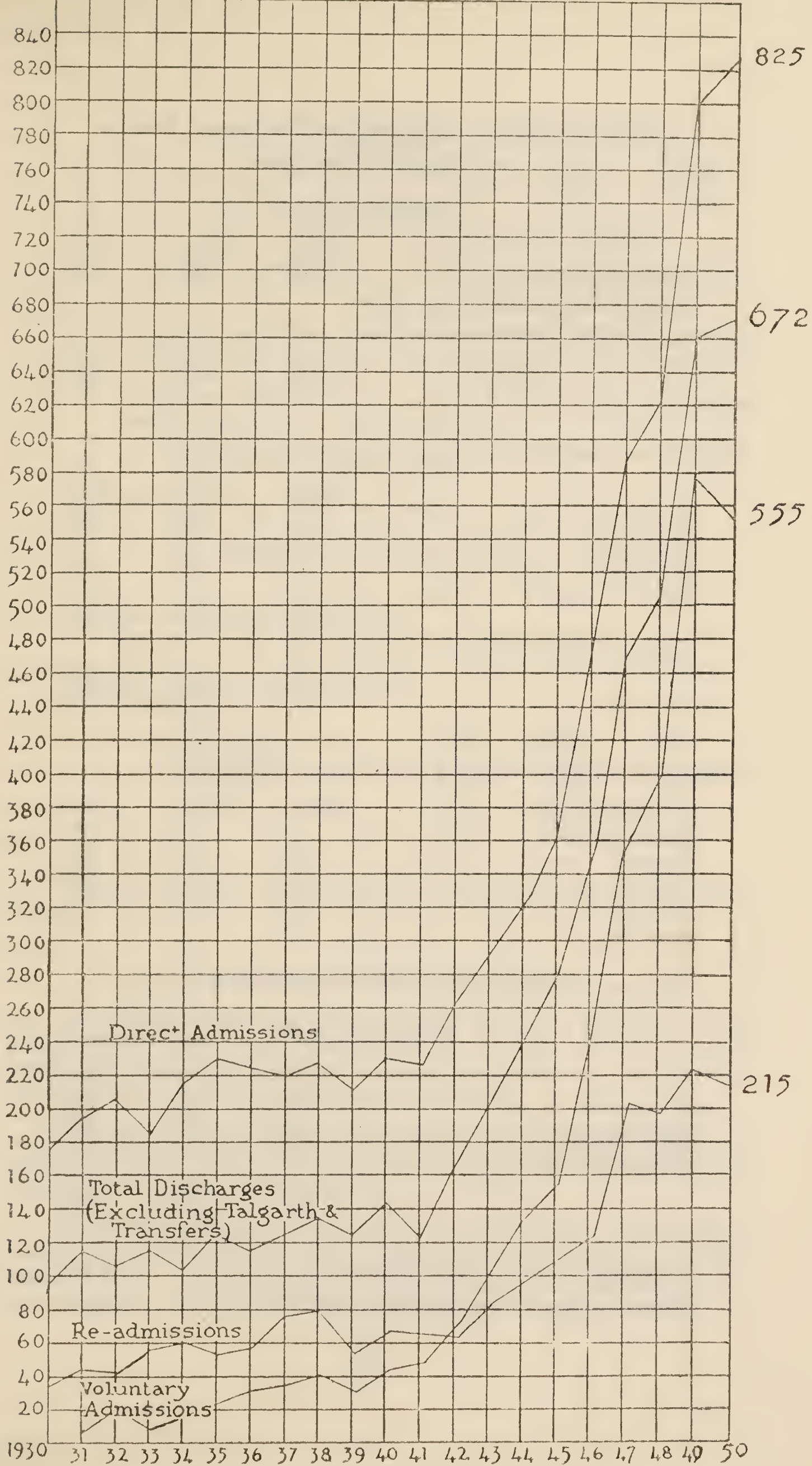


## Graph II.

Graph II shows the number admitted and discharged each year since 1930. The chief points of interest are as follows:—

- (1) The four-fold increase in the admission rate which has occurred since 1940.
- (2) The diminution of the rate of increase of admissions seen in 1950, together with an actual slight fall in the number of voluntary admissions in that year. It is believed that the following factors have brought this about:—
  - (a) The fact that overcrowding has for the first time necessitated our limiting the number of voluntary admissions and instituting a waiting list.
  - (b) The response to our request to Medical Officers of Health asking them to instruct their Duly Authorised Officers to contact the Hospital before bringing in certified patients. This has enabled us in many instances to suggest means of treatment other than entry into this Hospital. When necessary, a domiciliary visit is paid to determine how necessary it is that a patient should receive mental hospital treatment. In this connection, I would express my keen appreciation of the co-operative attitude shown by the Medical Officers of Health and their Duly Authorised Officers and also by the General Practitioners of the Area.

The majority of voluntary patients who come into hospital are short-stay cases who enter for some specific form of treatment. They are cases of mild or early mental disorder and it is believed that as a result of such treatment, their symptoms are alleviated or arrested and the chances of their ultimate arrival into the mental hospital as hopeless chronics diminished.





**General Statistics of Admissions, Discharges, Deaths  
and Hospital Population**

**ADMISSIONS**

			Male		Female		Total
Direct Admissions	.....	.....	381	.....	444	.....	825
Indirect Admissions from other							
Mental Hospitals	.....	.....	1	.....	2	.....	3
			<hr/>		<hr/>		<hr/>
Total	.....	.....	382		446		828
			<hr/>		<hr/>		<hr/>

Admissions classified according to form of admission:—

			Male		Female		Total
Voluntary	.....	.....	271	.....	284	.....	555
Temporary	.....	.....	3	.....	11	.....	14
Certified.....	.....	.....	107	.....	149	.....	256
			<hr/>		<hr/>		<hr/>
			381		444		825
Transfers (Certified)	.....	.....	1		2		3
			<hr/>		<hr/>		<hr/>
			382		446		828
			<hr/>		<hr/>		<hr/>

Admissions (direct) classified according to age group:—

Age Group			Male		Female		Total
Under 20	.....	.....	7	.....	18	.....	25
20—40	.....	.....	158	.....	154	.....	312
40—60	.....	.....	138	.....	164	.....	302
60—80	.....	.....	75	.....	102	.....	177
Over 80.....	.....	.....	3	.....	6	.....	9

The number of re-admissions during the year was 215.

**DISCHARGES**

			Male		Female		Total
Recovered	.....	.....	156	.....	181	.....	337
Relieved.....	.....	.....	134	.....	126	.....	260
Not improved	.....	.....	33	.....	42	.....	75
			<hr/>		<hr/>		<hr/>
			323		349		672
			<hr/>		<hr/>		<hr/>

Discharge rate on direct admissions	.....	.....	81.4%
Recovery rate on direct admissions	.....	.....	40.8%



## DEATHS

	Male	Female	Total
Number of deaths	55	66	121

The death rate was 8.1 on the average number resident.

Post Mortem examinations were conducted in 47.1% of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of 2 patients. The following verdicts were returned:—

1. Accidental Death in the case of a patient who died whilst receiving electric convulsive therapy.
2. Suicide while of unsound mind.

In neither case was blame attributed to anyone.

## HOSPITAL POPULATION

	Male	Female	Total
Number of patients on Hospital Registers 31st Dec., 1949	751	720	1471
Number remaining 31st Dec., 1950:—			
Voluntary	103	123	226
Temporary	—	—	—
Certified	640	626	1266
	<hr/> 743 <hr/>	<hr/> 749 <hr/>	<hr/> 1492 <hr/>

Fifty-three patients are classified as Ministry of Pensions Service cases.

### The General Health of the Hospital

The health of the patients generally has been satisfactory and little epidemic illness has occurred during the year. There were 12 cases of Dysentery, but their incidence was scattered. B. Flexner was isolated in 2 cases and B. Sonne in 9 cases.

**Pulmonary Tuberculosis.**—During the year, 5 patients died from pulmonary tuberculosis compared with 6 in 1949 and an average of 7.3 during the years 1934 to 1939.

**Mass Radiography.**—The problem of Pulmonary Tuberculosis in our patients has always given grounds for some concern for the reason that an open undiagnosed case in our overcrowded wards must be source of grave danger to other patients and to our staff.

Hitherto, we have attempted to cope with the problem by the generous use of our own X-ray plant on possible suspects but anything approaching a mass radiography of our patients has been beyond the capacity of our part-time radiographic staff. It would also have been an expensive proposition to use full-sized films in the case of every patient.

The opportunity made available by the Health Service of using one of the Board's Mass Radiographic Units was therefore welcomed and a Unit visited the Hospital in April and May.

1,416 patients were X-rayed. Of these, 27 showed evidence of T.B. not previously suspected. In 7 of the latter, active tuberculosis was confirmed by sputum tests, and the patients isolated.

109 members of the staff asked to be X-rayed. No cases of active tuberculosis were found among them.

**B.C.G. Vaccination.**—All student nurses have been examined by Dr. Williams, the Tuberculosis Consultant, and those giving a negative Mantoux Reaction have received a course of B.C.G. Vaccine.

### **Treatment of Mental Illness**

The treatment of mental illness divides itself into the following categories:—

1. Measures directed to improving the patient's general health.
2. Measures directed to re-educating the patient. These include advice, psycho-therapy, occupational therapy and, upon discharge, help in rehabilitation.
3. Special methods of treatment of which the following are the most important in use at this Hospital:—
  - (1) **Electric Convulsive Therapy.**—This is applied by passing an electric current through the brain.
  - (2) **Insulin.**—In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilizing lower doses also proves beneficial.
  - (3) **Prolonged Narcosis.**—In this, the patient is kept asleep almost continuously for a period of up to 14 days.
  - (4) **Prefrontal Leucotomy.**—This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.

(5) **Treatment of General Paralysis of the Insane.**—

The following methods are in use:—

- (a) Inoculation with Malaria.
- (b) Penicillin.
- (c) Specific antisypylitic drugs.

The following table shows the number treated by various physical methods during 1950:—

	Male		Female		Total
Electric Convulsive Therapy .....	211	.....	275	.....	486
Curare Modified E.C.T. ....	18	.....	7	.....	25
Deep Insulin .....	14	.....	16	.....	30
Modified Insulin .....	100	.....	65	.....	165
Continuous Narcosis .....	6	.....	3	.....	9
Narco-analysis .....	146	.....	20	.....	166
Ether abreactions .....	7	.....	—	.....	7
Alcohol aversion treatment .....	12	.....	—	.....	12
Prefrontal Leucotomy .....	7	.....	5	.....	12
Endocrine Therapy (in cases of sex offence) .....	3	.....	—	.....	3

**Leucotomy Cases.**—The following is an analysis of the results in all cases operated upon between April, 1942 and December, 1950.

	Male		Female		Total
Total number of cases.....	91	.....	60	.....	151
Discharged “Recovered” or “Improved” .....	48 (53%)	.....	30 (50%)	.....	78 (52%)
Improved in Hospital .....	23	.....	12	.....	35
Unchanged .....	17	.....	10	.....	27
Worse .....	—	.....	1	.....	1
Died (1) as result of operation (2) operation a contribu- tory factor .....	2 1	.....	2 4	.....	4 5
(3) not as result of oper- ation .....	—	.....	1	.....	1
Of those discharged, subse- quently re-admitted .....	13	.....	11	.....	24

*Commentary.*—As Leucotomy is only performed on cases which have not responded to other forms of treatment and in which the outlook without operation is regarded as hopeless, the results shown in the above table are regarded as satisfactory. However, it is realised that they are inadequate insofar as they give no information as to the mental status of those patients who have been discharged. It is therefore proposed that during the coming year to have each discharged patient visited by a social worker with a view to estimating his or her capacity to fit into society.



**Surgical Operations.**—The operation of Leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre.

Most major general surgical operations are now performed at neighbouring general hospitals, straight forward cases returning to this Hospital the same day.

**Consultants' Visits in Specialities other than Psychiatry.**—

Speciality	Consultant's Name	Frequency of Attendance	No. of patients seen in 1950
General Medicine	Dr. Phillip Evans	Alternate weeks	82
Tuberculosis	Dr. H. M. Williams	As required	21
General Surgery	Mr. D. I. Currie	As required	12
Ophthalmology	Dr. Brock	Every month	95
Ear, Nose and Throat Surgery	Mr. R. D. Aiyar	Alternate weeks	78

**Dental Department.**—Mr. Charles Hubbard pays weekly visits to the Hospital. All patients are seen as soon as possible after admission and their teeth put in order.

During the year, 1950, 1,005 patients were examined. Extractions were carried out in 124 cases, 20 patients had teeth filled and 41 were provided with dentures or had existing dentures put in order. Scaling was carried out in 20 cases.

**Occupational Therapy.**—Miss Cooper who is charge of occupational therapy on the Female Side has one full-time Assistant and also the help of a part-time Assistant Nurse. There are two principal centres, one at the Reception Hospital and one in Female 3.

It has not so far proved possible to open a centre for female chronic patients although their needs are in some measure catered for by a sewing group and by work in the dressmaking department. It is hoped that in due course when Miss Cooper has more skilled assistance, it will be possible for her to devote time to the organisation of occupational therapy among the chronic patients. For the time being, it has seemed desirable that she should devote most of her time to acute and recoverable cases.

Mr. Wilson, who has charge of the Male Side, has one qualified Assistant Occupational Therapist and three Male Nurses are seconded to his Department. Work is carried out at three centres, two of which deal with acute cases being located at the Reception Hospital and Male 3 respectively, whilst there is also a centre for chronic patients in the Main Building. Work is also taken to suitable bed-ridden cases in the Sick Wards.



Both Miss Cooper and Mr. Wilson undertake a good deal of what might be termed recreational therapy, especially with regard to Reception and Convalescent cases where the provision of adequate interests is an important adjunct to treatment.

**Special Methods of Investigation**

**Pathological Laboratory.**—The following examinations were made during the year 1950:—

For various bacteria.....	702
For parasites.....	16
For chemical analyses .....	161
Haematology specimens .....	1984

Post mortem examinations were made in 57 cases.

**X-Ray Department.**—During 1950, the following examinations were made:—

	Patients			Staff		Total
	Male	Female		Male	Female	
Skeleton .....	56	62	.....	9	13	..... 140
Lungs .....	144	75	.....	47	80	..... 346
Abdomen .....	1	3	.....	—	—	..... 4
<hr/>						
Total .....	201	140		56	93	490

All radiographs are seen and reported on by Dr. Pierce Williams, Consultant Radiologist to the Hospital.

**Department of Psychology.**—A psychologist is chiefly concerned with tests estimating intelligence and other qualities of the mind. Dr. Vidor’s work has included the following:—

- (1) **Denbigh In-Patients.**—266 patients have been examined. The information provided has been most useful in helping us to make a complete assessment of a patient’s mental condition. The number mentioned included 18 cases examined as a preliminary to the operation of Leucotomy. Such cases are again examined at periods following the operation.
- (2) **Mental Deficiency Institutions.**—It was decided that it would be useful to have a proper assessment of the intelligence of the patients in the Committee’s M.D. Institutions. To date, Llwyn View and Garth Angharad have been visited by Dr. Vidor for this purpose and in all 68 patients examined.
- (3) **Out-Patient Work.**—The psychological work carried out by Dr. Vidor in the Child Guidance Clinics is covered by Dr. Simmons in his Report.

## Nursing Staff

I am pleased to report that there has been some improvement in the position with regard to recruitment of female nursing staff.

The following figures show the number of Nursing Staff up to and including the rank of Sister and Charge Nurse (last year's figures are given in parenthesis):—

	Male	Female
Qualified Mental Nurses.....	59 (62)	14 (19)
Qualified Mental Nurses also S.R.N.....	8 (6)	— (—)
Student Nurses .....	21 (21)	40 (37)
Nursing Assistants .....	35 (34)	29 (20)
Nursing Orderlies .....	1 (2)	7 (5)
	<hr/> 124(125)	<hr/> 90 (81)
Part time Nurses.....	— (—)	35 (34)
Foreign Personnel included in above figures .....	7	10

It will be noted that the number of qualified nurses on the Female Side is low. The proportion of young and inexperienced nurses is in fact far too high, a state of affairs which must cause Matron at times much uneasiness. Nevertheless, the quality of nursing is surprisingly good and I feel that Matron and her Senior Officers should be congratulated on the way they bring on their youngsters.

At the commencement of the year a Preliminary Training School was established. On joining the staff, a student nurse now spends two months in School before commencing proper ward duties. The course consists of lectures and demonstrations given by the Tutor and Medical Staff and its object is to give the student nurse a gradual introduction to hospital life and the practical work of nursing sick people.

With regard to the training of student nurses generally, this proceeds satisfactorily. As the R.M.P.A. Examination is now being gradually superseded by the examination of the General Nursing Council, no nurses entered for the former, but the following results were obtained in the latter:—

Preliminary Examination Part I.....	18 passes
Preliminary Examination Part II.....	10 passes

**Hairdressing.**—The Ladies Hairdressing Saloon continues to provide the permanent waves and sets which are very much appreciated and add greatly to the appearance of our patients. On the Male Side, a barber visits the wards in turn.

**Chiropody.**—Miss Millree attends on the Female Side of the Hospital on 2 days a week and Mr. Lees on the Male Side on 1 day a week.



## Social Life of the Patients

**Religious Services.**—Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church and Non-conformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays and at 9 a.m. on Wednesdays and Fridays. There is also held a Prayer Meeting on Sunday evenings in which patients take part.

The Roman Catholic Chaplain holds a Service every Thursday evening and attends whenever needed to minister to the seriously ill.

**Employment of Patients.**—Patients not employed in the Occupational Therapy Department are encouraged to take part in the ordinary necessary work of the Hospital. This not only helps their mental condition but gives them the sense of being useful members of a community.

**The Canteen.**—The Hospital Canteen continues to provide a very satisfactory service and patients who have not the privilege of Town parole are there able to purchase such items as fruit, cakes, sweets and tobacco.

Goods are paid for either in the normal currency of the realm or in the form of tokens, the value of each being 3d.

Patients who have no income from other sources are allowed up to 5/- per week pocket money, the actual amount varying according to their capacity to appreciate spending it. Patients incapable of doing their own shopping are provided with free issues of tobacco or sweets. Pocket money is issued in the form of cash when the recipient is considered capable of taking care of it but in tokens when this is not the case.

**Trolley Service.**—The Denbigh W.V.S. run a weekly trolley service at the Reception Hospital which meets the wants of patients still confined to bed.

**Parole.**—At the time of writing this Report, 52 men and 48 women enjoy parole outside the grounds of the Hospital, while 69 men and 5 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the Town being especially appreciated by the ladies.

**Recreation.**—Every Wednesday, there is a Patients' Dance in the Main Hall and every Monday evening a Cinema Show. During the Winter months, Whist Drives and Billiards Tournaments are held. Fourteen concerts and two plays were presented during the



year, including six concerts by the Council for Music in Hospitals, the remainder by local amateur talent with the exception of two by the patients themselves.

For the reason that it is not usually desirable for the Reception and Convalescent Patients to attend entertainments in the Main Building, separate provisions have to be made on their behalf. As it is important that those recovering from mental illness should be provided with suitable social interests, every effort has been made to fill each evening with one of such activities as play readings, discussions, dancing classes and whist drives. We are indebted to the W.V.S. for running a weekly social which is very much appreciated and also to the W.E.A. who have arranged lectures on Sunday evenings.

### **THE MENTAL DEFICIENCY INSTITUTIONS**

The Chairman has mentioned the main events which have affected these Institutions during the year under review and I will confine myself to touching on the more medical aspects of the patients' welfare.

At Coed Du, the tragic death of Miss Elder has left a gap which will not easily be filled. In an Institution such as Coed Du, where most of the patients have lived for many years, it is inevitable that they should become deeply attached to a person of the quality of Miss Elder and that her loss should be deeply felt. However, during the period pending the arrival of the new Superintendent, the welfare of the patients has been well cared for by Mrs. Noble and Miss Davies.

At Llwyn View, the departure of the Male Patients for Garth Angharad has relieved many problems, not the least of which was the difficulty of keeping the sexes adequately segregated. The men have settled down well at Garth and should be very happy in such majestic quarters. When both Institutions have their full complements of round about 50 patients, classification should be at least twice as efficient as at the old Llwyn View where a similar number of patients were divided between the two sexes and, as each will justify a larger staff, it is hoped that it will be possible to make better provision for training and occupation.

Fronfraith has continued to be handicapped by the ad hoc nature of the premises and by shortages of staff. However, it looks as if a return to properly designed and larger premises at Broughton will be accomplished during the coming year.

When Broughton, Garth Angharad and Llwyn View are brought into full service as it is hoped they will be during the coming year, they will form with Coed Du a set of four very useful and up-to-date units giving a total accommodation for about 230 patients. Although

they will never escape the difficulties inherent in small institutions, they will represent a great improvement on the accommodation for defectives which the Committee took over on the Appointed Day which, except for that at Coed Du, was in varying degrees unsuitable. The increase of about 90 beds which is anticipated will be a small but welcome step towards the 800 beds which the North Wales Area requires in order to deal adequately with its defectives.

### The Patients

The following table gives the number of patients resident in each Institution on the 1st January, 1951, also the number out on licence:--

	Coed Du				Fronfraith				Llwyn View				G. Angharad			
	UNDER 16		OVER 16		UNDER 16		OVER 16		UNDER 16		OVER 16		UNDER 16		OVER 16	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number Resident .....	—	—	—	6	1	2	2	—	2	4	—	—	—	1	8	—
Number on Licence .....	—	—	—	1	1	—	—	—	2	—	—	—	3	—	1	—

Total all Institutions.—		Resident	On Licence
Male—Over 16.....		25	..... 1
Under 16 .....		2	..... —
Female—Over 16.....		103	..... 16
Under 16 .....		2	..... —
		132	..... 17

### The Staff

	COED DU	FRONFRAITH	LLWYN VIEW	G. ANGHARAD
	Females	Females	Females	Males
Qualified .....	—	—	—	1 full time
Nursing	1 full time	1 full time		
Assistants.....	1 part-time 40 hrs.	5 part-time 28 hrs.	—	1 full time
Ward	1 full time			
Orderlies .....	1 part-time 40 hrs.	—	2 full time	1 full time

### Religious Services

At Coed Du, the higher grade patients attend neighbouring Churches and Chapels in addition to the weekly service held at the



Hall. At Llwyn View and Garthangharad, weekly services are held. At Fronfraith, the better patients attend a neighbouring church while periodic visits are paid by the Chaplains.

### **Entertainments**

At Fronfraith, Rhyl Toc H. put on a Cinema Show every fortnight while occasional visits are paid to the local cinemas. Coed Du has its own projector and a show is given weekly. At Llwyn View and Garthangharad, patients attend the local cinema each week.

The patients at Coed Du had a trip to New Brighton during the year while those at Llwyn View had two outings by bus. Certain patients at Coed Du and Fronfraith attended the Annual Ball at Denbigh.

Coed Du has a Girl Guide Troop and tennis is played during the Summer.

### **Occupational Therapy**

Although occupational therapy is handicapped through lack of personnel and the absence of facilities such as are found in larger institutions, great efforts are made by the respective Superintendents to provide patients with suitable employment and to instruct them in simple crafts. In Garthangharad there is a nucleus of an occupational therapy department which turns out very excellent mats and which should lend itself to development. The employment of a peripatetic occupational therapist who would visit the various institutions in turn has been suggested and this idea has much to commend it but its usefulness would be limited unless adequate staff were available to carry on with the work between visits.

### **OUT-PATIENT SERVICES**

Of all cases of mental and nervous illness in the community, only a relatively small proportion require mental hospital treatment, yet much can be done on an out-patient basis to help them. Patients suffering from mild and early forms of illness are usually quite prepared to attend a clinic at a general hospital whereas they would often refuse to enter a mental hospital. As it is in such cases that most can be done to prevent breakdown or chronic mild disability, the importance of clinics is obviously great.

Apart from clinics, psychiatric opinion is being increasingly sought by other specialists for their cases in general hospital beds. Also, under the terms of the National Health Service, a general practitioner may ask for a consultation in the patient's own home.

The following tables give the figures indicative of the work conducted outside the curtilage of the Hospital at Denbigh by Specialists on its staff:—



**(1) Out-patient Clinics.**—Clinics are held at the following centres:—

Bangor.....	Caernarvonshire & Anglesey Hospital	Every Tuesday morning and afternoon
Dolgelley .....	County Health Department	Third Weds. in each month in afternoon
Rhyl.....	Royal Alexandra Hospital	Every Thurs. afternoon
Wrexham.....	Maelor General Hospital	Every Friday morning and afternoon

**Table of Attendances.**—

	First Attendances			All Other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor .....	137	141	278	176	206	382
Dolgelley .....	9	12	21	2	6	8
Rhyl .....	78	114	192	56	157	213
Wrexham .....	119	134	253	191	204	395
Denbigh .....	4	3	7	5	24	29

The following figures of total attendances at all adult clinics during the past seven years illustrate their growth:—

1944 .....	304
1945 .....	461
1946 .....	576
1947 .....	830
1948 .....	1167
1949 .....	1224
1950 .....	1778

**(2) Domiciliary Visits.**—These are visits made at the requests of General Practitioners for a consultation in the patient’s own home.

The number of such visits made in 1950 was:—

Male	Female	Total
21	42	63

**(3) Visits to Patients in Hospitals in other Management Committee Groups.**—Specialists, on the staff at Denbigh may be required to attend at any Hospital in the following Groups:—

- Group 12 (Caernarvon and Anglesey).
- Group 13 (Clwyd and Deeside).
- Group 14 (Wrexham).

The number, of patients visited during the year in Hospitals in these Groups amounted to:—

Male	Female	Total
40	46	86

**(4) Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948.**—During 1950, these numbered as follows:—

Male	Female	Total
12	3	15

**Social Worker Service**

Among the factors precipitating psychiatric illness, problems touching the home, the family and work are the most important, and in order to understand the patient, it is necessary that these should be known. The social worker service is the instrument by which the necessary information is obtained.

A most critical period in a patient's treatment is that immediately following discharge when it may be touch and go whether he or she makes a successful re-entry into society or breaks down again under the stress of the attempt. It is then that the advice and support of a social worker is most valuable and can tip the balance favourably.

The Committee has on its staff three Psychiatric Social Workers and two Social Workers. They deal not only with hospital and clinic cases but also do Child Guidance work under Dr. Simmons. Whilst Mrs. Iolo Jones is responsible for the Hospital and Miss Wiggins for the Child Guidance work, a certain amount of overlapping of duties occurs. This enables the Department to meet the contingencies imposed by the extent of the Area covered and by the problem of two languages. In this latter connection, I would mention that Mr. Midwinter and Mrs. James Evans are Welsh speaking.

The following is a summary of the adult work. Dr. Simmons deals with the Child Guidance aspect in his Report on that service.

**Work done in connection with adults by Social Worker Department in 1950.—**

Home visits .....	302
Visits to Social Agencies, etc.....	347
Interviews in hospital or clinic .....	267

**MEDICAL STAFF CHANGES**

In January, 1950, Dr. Geoffrey Williamson, formerly Medical Superintendent of Rainhill Hospital, joined us as Consultant Psychi-

atrist. The acquirement of a man of his experience and standing must be considered a great asset to North Wales.

In June, Dr. Ieuan Davies joined us from Cefn Coed Hospital, Swansea as Senior Hospital Medical Officer and later in the year Dr. Ivor Jenkins and Dr. Olive Sydenham were appointed as Registrar and Junior Hospital Medical Officer respectively.

During the year, two Senior Registrars in the persons of Drs. Lucy and Aspinwall left to take up other appointments as did Dr. Hannah, a Registrar.

### CONCLUSION

I would take this opportunity to pay tribute to the work of my nursing, lay and medical colleagues whose co-operation and support I have highly valued.

To you Madam Chairman, Ladies and Gentlemen, I express my great appreciation of the courtesy and consideration which you invariably show me.

I am Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

**J. H. O. ROBERTS,**

*Medical Superintendent and Medical Officer.*





# North Wales Child Guidance Clinics

Report for the Year Ending 31st December, 1950

## A. Re-view of the History of the Clinics.

The first Child Guidance Clinic in the North Wales Area was opened at Bangor in 1943. It came into being as a result of the foresight of and the co-operation between Dr. D. E. Parry Pritchard, Medical Officer of Health and School Medical Officer for Caernarvonshire, and Dr. J. H. O. Roberts, Medical Superintendent of the North Wales Hospital for Nervous and Mental Disorders, acting on behalf of the Committee of Visitors of the Hospital.

Dr. Roberts acted as the first Director of this Clinic and Mr. Gell, an Officer on the staff of Dr. Parry Pritchard was its first Psychiatric Social Worker—and the first such worker in the Area.

Further Clinics were opened as demands for the type of service which the clinics provide increased.

In 1945, Dr. M. Vidor was appointed as Psychologist and the first full Child Guidance team had come into existence.

Opening dates are shown in Table 1 and Table 2 will serve to illustrate the growth of the clinics.

Table 1

Town	Clinic opened in
Bangor .....	1943
Wrexham .....	1943
Dolgelley .....	1945
Rhyl .....	1946
Colwyn Bay .....	1950

Table 2

Year	Numbers of FIRST and (ALL OTHER) Attendances					ALL CENTRES		
	Bangor	Wrex-ham	Dol-gelley	Rhyl	Den-bigh	First	Others	Total
1943	21(1)	6	—	—	—	27	1	28
44	27(6)	9(2)	—	—	—	36	8	44
45	74(131)	11(14)	5(2)	—	1	91	147	237
46	55(323)	31(170)	12(3)	—	2(7)	110	503	613
47	75(349)	44(216)	26(9)	33(263)	4	182	837	1019
48	75(385)	51(445)	30(9)	30(311)	2	188	1150	1338
49	62(239)	58(211)	14(10)	38(269)	—	172	729	901
50	96(201)	74(299)	9(7)	60(223)	—	253	760	1013
				Col. Bay 14(30)				

## **B. Function and Aims of the Service.**

These might be described as follows:—

1. To provide a consultant service for parents, teachers, doctors, magistrates and others whose daily work brings them into close contact with children.

The first duty of the clinic would be to confirm the existence of a problem and to decide on its nature and severity.

2. To make early recognition of children's difficulties possible and to promote knowledge with regard to the development of the normal child.

Many of the nervous and mental disorders of adult life have their roots in childhood. A better understanding of the nature of children's difficulties would do a great deal to prevent their growing into unhappy and ineffectual adults.

3. To advise and, if required, to undertake the treatment of those children who cannot be dealt with by ordinary methods. In this manner it would contribute most towards the achievement of Mental Health not only in children but also in adults.

This description suggests that the chief function of the clinics is to act as preventative and therapeutic rather than as diagnostic centres.

## **C. Functions of Workers in Child Guidance Team.**

### **1. Psychiatrist.**

He acts as the Director of the Clinic's activities and is ultimately responsible for the work of its members. His position arises from the necessity of having a worker who is able to assess and deal with not only the psychological but also the general medical and psychiatric aspects of a case. In addition, he is trained in psychiatric work with adults and ill-health in parents is one of the important problems met with in Child Guidance work.

He presides at "Case Conferences" where the team as a whole meet to discuss each child in full. He is responsible for making diagnoses, for sending reports to doctors and other agencies, for suggesting treatment elsewhere and for making recommendations with regard to disposal. In our clinics, he carries out all treatment with children excepting those whose difficulties lie largely or entirely in the educational field.



## **2. Psychologist.**

Her chief functions in a Child Guidance Clinic are as follows:—

- (a) To assess each child and determine his position in relation to average children of his age in respect of
  - i) his intellectual capacity,
  - ii) the level of social adjustment he has reached,
  - iii) his general personality traits,
  - iv) his level of scholastic attainments, where required,

as seen in the “standardised test situation.”

- (b) To report on her findings and to assist the team in arriving at a diagnosis.
- (c) To maintain contact with and to visit schools and, to discuss educational problems with teachers and others.
- (d) To carry out “Remedial Teaching.”

## **3. Psychiatric Social Worker.**

Her functions are considered to be the following:—

- (a) To interpret to the relatives the function of the clinics and the nature of the effort required.
- (b) To obtain data (Social History) in respect of the child, his family and his environment.
- (c) To inform the psychiatrist of the social problems involved and to keep him informed of progress made by the child and his environment.

Her aim will be to support the parents while treatment is in progress, to help them with general social problems and to modify their attitudes where this is necessary so that ultimately they can deal with the child unaided.

Generally speaking she will act as liaison officer between the clinic and the child's environment and home and school visits form part of her duties, in addition to certain administrative obligations she has.

## **D. Personnel.**

### **Psychiatrists:**

Up to the date of my appointment as Consultant Child Psychiatrist different members of the Senior Medical Staff of the North Wales Hospital had acted as Medical Directors at the various clinics. I took over from Dr. Roberts, Dr. Williams and Dr. Lucy at Rhyl,

Bangor and Wrexham and opened a new clinic at Colwyn Bay. Dr. Williams continued in charge at Dolgelley until Dr. Davies took his place towards the end of the year. This particular clinic has therefore had and still has a Welsh speaking Director (and it will be seen later that its entire personnel is Welsh speaking).

A unitary policy in respect of the medical and administrative direction of the clinics and a certain amount of re-orientation now became possible. It was extremely unfortunate that at this stage I had to lose the assistance of Registrars who until the beginning of the year had provided three weekly sessions in addition to those given by the Directors. A reduction in the medical staffing of the Hospital necessitated this change which persists to date.

### **Psychologists:**

Dr. Vidor ceased attending at the Bangor and Dolgelley Clinics towards the end of 1949. Dr. J. Rogers and Mr. W. R. Jones, both Lecturers in the Department of Education at the University College, now give one weekly session each at Bangor and Mr. W. R. Jones also attends at Dolgelley. Mr. Jones is Welsh speaking. Mr. T. R. Miles, Assistant Lecturer in Social Psychology, also attends at the Bangor Clinic in an honorary capacity.

### **Psychiatric Social Workers:**

For the major part of the year, Mrs. Iolo Jones carried the responsibility for the social work of all clinics unaided except for the assistance given at Bangor until June, 1950 by Mrs. M. J. Evans.

Mr. S. Midwinter, who is Welsh speaking, joined the staff in September, 1950 and he is a regular member of the Bangor Team. He is also available for work with Welsh speaking parents at other centres and does most of the visits to homes where language difficulties might be encountered.

In December, 1950, Miss J. Wiggins took over her duties as Senior Psychiatric Social Worker. Her training and experience in some of the foremost clinics of the country make her a most valuable member of the Service and we have already had occasion to admire her capacity for establishing friendly relationships with the parents of our children and her eagerness to overcome administrative difficulties in her Department.

The following table, in addition to other detail, will show the disposition of all staff as it will be when this Report is presented:—



Table 3

Town and Day	Sessions at	Psychiatrists	Psychologists	Social Workers
<b>Bangor</b> Every Tuesday	10 a.m.	Dr. E. Simmons	Dr. J. Rogers Mr. W. R. Jones	Miss J. Wiggins, P.S.W. Mr. S. Midwinter, P.S.W.
	2 p.m.	Dr. E. Simmons	—	Miss J. Wiggins Mr. S. Midwinter
<b>Colwyn Bay</b> Every Mon. & Saturday	10 a.m.	Dr. E. Simmons	No Psychologist. Children exam- at Rhyl or Bangor	Miss J. Wiggins
	10 a.m.	Dr. E. Simmons		Miss J. Wiggins
<b>Rhyl</b> Every Thurs.	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Mrs. I. Jones, P.S.W.
	2 p.m.	Dr. E. Simmons	—	Mrs. I. Jones
<b>Wrex-ham</b> Every Friday	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Miss J. Wiggins Miss S. Adams, S.W.
	2 p.m.	Dr. E. Simmons	Dr. M. Vidor if required	Miss J. Wiggins
<b>Dolgelley</b> —One session on 3rd Weds. of month		Dr. I. M. Davies	Mr. W. R. Jones	Mrs. M. J. Evans, S.W.

E. Information and data relating to the Patients.

1. General account of methods.

i) The routine procedure carried out at a clinic is indicated in the following table. Time expenditure is also shown.

Table 4

Referral

The child is examined by the psychologist .....	$\frac{3}{4}$ to $1\frac{1}{4}$ hours
The mother is interviewed by P.S.W. ....	$\frac{3}{4}$ hour
The child is examined by the psychiatrist .....	$\frac{3}{4}$ hour
The mother is interviewed by the psychiatrist.....	$\frac{1}{2}$ hour
Case conference, all workers, per child .....	$\frac{3}{4}$ to $1\frac{1}{4}$ hours



## **Treatment Case**

Treatment interviews—weekly—

(Child—Psychiatrist; Mother—P.S.W.) ..... $\frac{3}{4}$  hour approx

Length of treatment: this varies with the severity of the case. The average length of treatment is about 6 months but many children require help over a considerably longer period.

ii) In many cases extensive investigation require to be carried out. They may involve any one of the workers or the whole team. The distribution of such work was indicated when the functions of the different workers were described.

### **2. Sources of Referrals.**

The majority of children are referred through the School Medical Officers. An increasing number come to us, however, through General Practitioners, other Medical Specialists, Children's and Probation Officers, Matrons of Homes, etc. We welcome referrals from any source and parents themselves sometimes initiate proceedings. We have to work according to a strict time table and children can be seen, therefore, by appointment only.

### **3. Causes for Referral.**

It has not been possible to tabulate symptoms for which children are brought to us or, to re-state them in accordance with the psychiatric diagnoses. The complaints for which children are referred are frequently minor ones when compared with the severity of the disturbance of the personality or character discovered. Perhaps less frequently, but still in many instances, we can re-assure parents who have been unduly worried by behaviour which although disturbing to them could be recognised as appropriate to the age of the child or, likely to respond to simple changes in his handling.

The following are common referral symptoms: Feeding difficulties, temper tantrums, irrational fears, wandering, truancy, delinquent behaviour, enuresis, backwardness in school.

### **4. Age Distribution.**

Children up to the age of 16 or 17 are accepted. The needs of the child determine, in the case of the older child, whether he is advised to seek help in an adult psychiatric clinic or whether he is dealt with by us. The number of "under fives" seen has been very small. This is to be regretted. Generally speaking, it might be said that the duration and the result of treatment stand in inverse proportion to the length of time for which symptoms have been present. Many of the children referred during their early school years are sure to have had difficulties during their pre-school years.

Their recognition then might have avoided more serious problems arising and treatment might have been shorter and more successful.

### **5. Intelligence of Children Referred.**

The range of Intelligence Quotients found extended from under 40 to over 150 (average is from 90 to 110). The number of very dull children referred has continued to decrease. This is healthy evidence of the greater recognition of the fact that the clinics are primarily therapeutic and not diagnostic centres. It is realised, however, that in the absence of alternative clinics we must continue to deal with a fair number of "diagnostic cases." The relatively large number of referrals during the year is evidence of the fact that we have made every effort to fulfil the existing need.

### **6. Other Activities.**

These have included talks to official organisations and discussions on test procedure and interpretation with Assistant School Medical Officers. Four members of the then Bangor Team gave a half-hour broadcast on "Child Guidance Clinics" in the Welsh Home Service earlier in the year. Two doctors required to attend at a Child Guidance Clinic in connection with their work for the Diploma in Child Health have been offered facilities. A number of Children's Officers, Probation Officers, Teachers and others have been present at discussions concerned with children under their care.

I believe that activities of this kind are extremely important and should be extended to the maximum compatible with our duties at the clinics.

### **7. Research.**

If this term is used in its wider meaning, viz. careful search or enquiry after and for facts which may contribute to a better understanding and provide a more efficient solution of a given problem, it may justifiably be said that research aspects are always in our minds.

The first essential for such work is efficient record keeping. Various experiments have been made with regard to case records and registers capable of supplying the answers which research conducted on truly scientific lines might require. This is a lengthy and time consuming process but we are satisfied with the progress made to date.

Of more general interest may be the following remarks in relation to a subject of prime importance in a bi-lingual area:—



Our chief concern, as has been said, is with the behaviour disturbances and the emotional disorders for which children are referred to us. Environmental factors play a large part in their creation. It is recognised, however, that innate endowments, abilities and physical health play a no less important role in the formation of symptoms.

The accurate measurement of innate endowments and abilities can present considerable difficulties in the case of a bi-lingual or monoglot Welsh child. For the English speaking child standardised tests are available. There are as yet none for the Welsh speaking child excepting those which do not require the use of language for their correct solution (non-verbal and performance tests). In regard to the child of, say under 7, we are relatively certain that we can make an adequate assessment. In respect of the older children we rely largely on the experience of the workers concerned. Fortunately, we are not entirely dependent on tests. The observations of the psychiatrist and the psychologist with regard to e.g. a child's behaviour, his capacity to manipulate objects and situations, etc., are of value when a total assessment is made and, broadly speaking, it might be said, that we are now able to avoid gross injustice being done to Welsh speaking children. The value of Mr. Jones' work will be obvious here and while we hope to have his help for a long time, I may mention that we know of only one other Welsh speaking Educational Psychologist in the Country, who is now working in England.

The Department of Education of University College of North Wales, is, I understand, engaged on researches on this subject. Mr. W. R. Jones is the author of a number of important publications concerned with the matter, and it is to be hoped that these researches will succeed in providing the tests we require. We are pleased, of course, to be able to have the services of and to provide facilities for clinical work for some of the College's staff engaged on this most important work.



## STATISTICAL DATA

**Table 5 (refers to work of PSYCHIATRIST)**

Clinics	FIRST Attendances (Referrals)			FURTHER Attend'ces (Re-exam. and Treatments)			TOTAL No. of Attend'nces
	Boys	Girls	Total	Boys	Girls	Total	
Bangor	70	26	96	152	49	201	297
Colwyn Bay	5	9	14	8	22	30	44
Dolgelley	2	7	9	3	4	7	16
Rhyl	35	25	60	161	62	223	283
Wrexham	49	25	74	217	82	299	373
All Clinics	161	92	253	541	219	760	1013

**Note:** The above table refers to interviews with CHILDREN only.

**Table 6 (refers to work of PSYCHOLOGISTS)**

Clinics	FIRST Exams.			FURTHER Exams.			Total No. of Attendances	Remedial Teaching		School Visits
	Boys	Girls	Total	Boys	Girls	Total		No. of Child- ren	No. of Atten- dances	
Bangor	58	22	80	11	5	16	96	2	28	3
Dolgelley	2	4	6	—	—	—	6	—	—	—
Rhyl	23	21	44	16	11	27	21	1	12	—
Wr'xham	42	21	63	5	19	24	87	—	—	—
All clinics	125	68	193	32	35	67	210	3	40	3

**Table 7 (refers to work of PSYCHIATRIC SOCIAL WORKERS)**

At Clinics			Not at Clinics		
Interviews with parents or guardians			Visits to		
First	Further	Total	Homes	Schools	Other Agencies
225	432	657	47	6	29

**Table 8**

Numbers of children referred by the separate Counties during 1950.

Anglesey	Caernarvon	Denbigh	Flint	Merioneth	S. Wales	Others
7	3	85	44	12	1	1

It will be observed that these figures are not identical with those given in Table 5. The latter include children referred during and prior to 1950. Children referred during 1950 may, similarly, not have been examined yet.

**Table 9**

**Data from the Year 1950 which indicate the approximate working capacity of the Clinics on the existing Staff**

Diagnostic examinations .....	253
Treatments in progress during the year ....	43
Treatments concluded before 31.12.50 .....	29
Numbers remaining under treatment on 31.12.50 .....	14
Treatment waiting list on 31.12.50 .....	24
Diagnostic waiting list on 31.12.50 .....	44

#### **F. Some Observations and Conclusions.**

Most of the important points have been mentioned under their respective headings. The most pleasant and far-reaching change resulted from the increase in Psychiatric Social Worker strength and particularly from Miss Wiggins' appointment as a full-time worker in the Service. Demands of each one of the specialists represented in the teams are very heavy. It appears to me that at least one worker in each field should have sufficient time to make problems of administration and of policy one of her special tasks. Only in that way can wastage of time and man power be avoided and optimal use of the available strength be assured.

The most disappointing aspect of our work, although one not under our control, has been our recognition of the fact that that only a few of the children whom we recommend for special educational facilities can be placed in the appropriate schools. This applies equally to bright and dull; disturbed and merely backward children. Treborth Hall, the first residential school for educationally sub-normal children in North Wales opened recently. Further schools will, no doubt, be opened in due course. Meanwhile, the problem persists in most areas.

Schools for mal-adjusted children are non-existent in North Wales and placement outside the Principality meets with near unsurmountable difficulties. There is, unfortunately, an extreme shortage of such schools in the whole Country.

There are no hostels where children in need of treatment AND placement could be accommodated. Homes and Institutions of various kinds do valuable work here but their staff is not trained to deal with psychiatrically disturbed children and they have neither the special facilities nor the numbers of staff require l.

Here I should perhaps mention again that diagnostic and treatment numbers are almost wholly determined by the time available from the Psychiatrist. It will be evident (v. Table 9 in particular) that some re-distribution but hardly any additional work can be undertaken unless at least one other therapist becomes available. This is emphasised by the fact that referrals do not actually represent the total number of children known to be in need of examination or treatment.

Finally, I would like, to thank the School Medical Officers of all Counties for their continued permission to use School Clinic premises and for their very active co-operation with us.

To my Colleagues at the North Wales Hospital and to Dr. Roberts in particular I am indebted for their help at all times.

To my Team Members I am grateful for their constant and loyal support and for their cheerful acceptance of many unusual duties.

To Madam Chairman and the Members of the North Wales Hospital Management Committee, I would express my sincere appreciation of their unfailing support and their very real interest in the Service.

**E. SIMMONS,**

*Consultant in Child Psychiatry,  
North Wales Area,  
Welsh Regional Hospital Board.*





# North Wales Mental Hospital Management Committee

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**Report of the Board of Control Commissioners on their visit to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, on 14th April, 1950.**

THE NORTH WALES MENTAL HOSPITAL,  
DENBIGH.

14th April, 1950.

Our visit to this hospital, which began yesterday, has again been a most interesting one, and we are pleased to be able to pay tribute to the high standard of medical and nursing care enjoyed by the patients. Overcrowding and shortage of female nursing staff remain exactly as they were nearly a year ago except that there has been a further drop in the number of part time nurses.

The number of patients in residence today is 1,472—746 men and 726 women. Two hundred and twenty two of the total are in the voluntary class and there are 2 temporary patients. The nursing staff consists of 125 male and 81 female full time nurses, and 35 part time female nurses. Fourteen nurses of each sex are always on duty at night. In considering these figures it is obvious that the number of female nurses on duty in any ward by day is far below what is possible in the similar ward on the male side. The position is made all the more serious by the fact that while 68 male nurses are certificated or registered as mental nurses only 17 of the females (including 1 part time nurse) are similarly qualified.

The figures for overcrowding show that there is a deficiency of accommodation for 192 male and 188 female patients by day and by night for 147 male and 145 female patients. The presence of some 200 mental defectives, who ought really to be in an institution for their own kind, explains much of the overcrowding, but it must also be remembered that the admission rate has quadrupled in the past 10 years. The direct admissions for 1949 numbered 805 (371 men and 434 women) 595 being voluntary and 23 being temporary admissions. In that year 669 patients left or were discharged.

In the course of our visits to wards and departments we believe we have seen all the patients in residence, and we gave all those who wished to do so an opportunity of talking to us. Three patients had special interviews with us. We found them quiet and well behaved and for the most part most appreciative of all that is being done for them

here. Their attire was neat and tidy and taking into account present day shortages the standard of clothing appears satisfactory. In addition to a full time hairdresser a full time barber is now employed, but unfortunately there is no hairdressing saloon, to match the female one, on the male side, and hair cutting has to be done in the open ward; an undesirable practice. Dr. Roberts would like a special room set aside for the barber if the space could be spared.

The Chiropodists now give a total of 6 sessions a week and their services give much relief to the many patients who suffer with their feet.

The redecoration of the wards is proceeding according to a programme and those which have been completed are very pleasant and cheerful. The day rooms and sick dormitories are well supplied with flowers and plants, but the pictures on the walls are old fashioned and inartistic. The question of replacing them is under consideration, and the hospital may join the Red Cross Picture Library as well as taking other steps to improve the pictures. The female wards are perhaps more homely and comfortable than the male but all wards suffer from poor furnishing. The subject was dealt with fully in the last Entry and we are glad to be able to record that this year's estimates set aside considerable sums for the purchase of new and more comfortable furniture. The female Reception Hospital has already been refurnished and one or two of the better wards have been provided with bedside lockers. Everywhere the dormitories need new counterpanes.

The diet seems well varied and adequate. Dinner yesterday consisted of cold mutton, beetroot and pickles, and potatoes, with ice cream for some and semolina for others as puddings. It is in the service of meals that much is needed to be done. There are no facilities for warming plates in the wards and it is difficult at present to ensure that the food is hot when it reaches the wards from the kitchen. We were glad to hear therefore, that insulated food containers are to be purchased shortly.

Occupational therapy is well organised. There are now 2 male and 1 female qualified occupational therapists. In addition 4 male nurses are seconded for occupation work and on the female side there are 2 women assistants, unqualified. There are several centres throughout the hospital and some very interesting work is being carried on. The recreational life of the patients continues to receive much attention; cinemas, dances and concerts are held regularly. The Council for Music in Hospitals arranges 6 concerts a year. We were glad to hear of the continued interest taken by the local W.V.S. in the life of the patients. They organise a weekly Social in the Reception Hospital, help in the Library and visit the wards with a canteen trolley to enable patients not well enough to visit the central Canteen to make their purchases.



In 1949 53 men and 82 women died, the total of 135 giving a mortality rate of 9.2%. Since the last visit 1 inquest has been held and 10 fractures or other injuries have been recorded.

The hospital is now free from intestinal infections, but 5 cases of dysentery and 5 cases of severe diarrhoea were notified in 1949 with one further case of dysentery this year.

In 1949 11 men and 1 woman were diagnosed as tuberculous and there were 9 deaths from this cause, with 13 men and 3 women now under treatment. The 2 female pulmonary cases have to be nursed in side rooms because of their mental conditions, but the windows of these rooms have been covered with wire netting so that they can be opened fully. The male cases were being nursed on verandahs in satisfactory conditions, but these verandahs as well as those of the female wards have been completely enclosed by glass. Windows have been arranged, however, so that thorough ventilation is possible. Our visit coincided with one of a miniature Mass X-Ray Unit which will examine the majority of the patients. Full X-Ray examination is carried out when required and this is done in the cases of all nurses on joining and is repeated every 6 months.

The infirmary wards are very satisfactory and well equipped and the poison cupboards were in good order. All the wards have clinical rooms and we found the patients' records to be well kept.

Building is in progress at the centre of the hospital and this will provide a much needed new dispensary, a dental room and waiting room and 2 offices. The dental officer visits once a week.

We visited the pathology department and had an interesting talk with Dr. Evans, the pathologist. Work here is at present hampered by the lack of a technician. We also had a talk with Dr. Vidor, the psychologist, whose appointment has proved to be a most valuable one.

Out patient clinics are held weekly at Wrexham, Bangor and Rhyl, two medical officers giving a morning and an afternoon session at each, and also at Dolgelley once a month where 1 medical officer visits.

Insulin is available for men and for women and convulsant treatment with curare is practised. Special mention may be made of the apomorphine treatment of alcoholism which is having a thorough trial here.

Dr. Roberts has to assist him Dr. Williamson and Dr. Williams as Consultants, Drs. Lucy, Edwards and Aspinwall as Senior

Registrars, Dr. Hannah as Registrar and Dr. Monks as Junior Registrar. Our thanks are due to Dr. Roberts and these gentlemen for their helpful assistance in our interesting visit.

*(Signed)*

I. COFFIN DUNCAN,

E. N. BUTLER,

*Commissioners of the Board of Control.*

# North Wales Mental Hospital Management Committee

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**Report of the Inspectors of Board of Control  
on a visit to Coed Du Hall M.D. Institution,  
Rhydymwyn, on 24 January, 1950.**

COED DU INSTITUTION,  
RHYDYMWYN,  
Nr. MOLD.

January, 24th, 1950.

The staffing position at Coed Du remains the same as at the time of the last visit in October except that the cook has left. We were pleased to hear another had been appointed and was expected today. During the interval the cooking has been done by a patient under supervision. Application was made to the Ministry of Labour Employment Exchange for German Nationals and two have been promised but the date of their arrival is uncertain.

We found the patients, without exception, looked well and cared for with neatly fitting clothing. We think it would add to the self respect of the women if more modern type of under clothing were introduced, including suspender belts and brassieres.

The institution is very short of proper storage space for clothing and linen. We suggest that cupboards be built in spaces suitable for this purpose. The bedding and linen we found in a very good condition. Bins are required for soiled linen.

It is hoped that when circumstances allow adequate heating will be provided in both dormitories and larger day rooms and more and attractive curtains supplied to replace the ones made of blackout material. Since the last visit fish is provided twice a week. Bacon ration is served at Breakfast on 2 days a week and porridge on the remainder. Eggs are occasionally supplied for tea. All foodstuffs are sent from Denbigh Mental Hospital, with the exception of meat, fish, bread and milk which are purchased locally. Under present conditions it is difficult to plan meals ahead in detail, but we think it would be advisable to keep a record of meals actually served.

We heard from the high grade patients how much they had enjoyed an evening entertainment, dance and supper to which they were recently invited at Denbigh Mental Hospital.



It has now been possible to obtain films and weekly shows are given. Three daily newspapers and a large number of weekly periodicals are provided. The supply of books sent from the Denbigh Mental Hospital library is varied and much appreciated. We were pleased to find that the lower grade patients had access to the toy cupboard and Christmas gifts such as dolls and soft toys shown to us by them, today, were obviously treasured possessions.

Daily exercise is taken in the beautiful grounds, but apart from this no regular outings are organised for high grade patients, beyond attending the village church on Sunday mornings. A service is also held at Coed Du once a week.

Six patients go home or to friends for a holiday once a year. We hope that arrangements can be made for other working patients to have a holiday.

Pocket money ranges from 3d. to 5/- per week out of which the sweet ration is bought. It will be realised that some of the girls do not obtain a full sweet ration and we hope this will receive consideration. We understand that the scale of payment is under revision. In connection with this we would like the Hospital Management Committee to consider the possibility of placing some of the high grade girls, who though unsuitable for Licence outside, are doing valuable work within the institution, on "technical" licence to the Matron, paying them an appropriate salary with some extra privileges.

The general health of the patients has been good. There were two women in bed today, one suffering from rheumatism and the other resting. Dr. Butler visits weekly and is carrying out a complete overhaul of all the patients. A number of patients have had teeth extracted and we hope that consideration will be given to the supply of dentures where suitable.

There are 63 patients in residence, 10 on licence, making a total of 73 on the books.

### **Staff Accommodation.**

We appreciate the difficulties experienced at Coed Du with regard to the shortage of staff and would like to make the following suggestions for improving the staff accommodation.

### **Ground Floor.**

1. In sitting-dining room (combined) used by nursing and other staff
  - (a) the long dining table to be replaced by two or three small tables (one or two of the folding type). This would allow for more floor space when meals are not being served.
  - (b) Two more easy chairs be provided.

2. In bedroom, at present occupied by Mrs. Lloyd,
  - (a) a carpet provided in addition to the two rugs now in use and a divan to replace bedstead.
  - (b) Medicines, poisons, &c. removed from cupboard in this room and stored elsewhere.

### **Second Floor.**

1. Two single rooms—for use of ward sister and cook, to be furnished as bed-sitting rooms.
2. Staff bathroom—the cupboard here at present used for storing patients' clothing not to be used for this purpose.

If at all possible the other three staff rooms, two double and one containing three beds, be furnished as bed-sitting rooms.

Bedside lamps provided for all bedrooms, number to correspond with number of beds.

One screen in rooms with more than one bed. Electric fires in all bedrooms.

We were pleased to meet Mr. Frost, the Secretary of the Hospital Management Committee during our visit and to hear from Miss Elder of the happy relationship which exists between Denbigh Mental Hospital and Coed Du.

MARGARET McFARLANE,  
M. G. MILNE-REDHEAD,

*Inspectors of the Board of Control.*

# North Wales Mental Hospital Management Committee

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**Report of Inspectors of Board of Control  
on a visit to Fronfraith M.D. Institution,  
Rhyl, on 25 January, 1950.**

FRONFRAITH INSTITUTION,  
RHYL.

25th January. 1950.

Twenty-eight patients are in residence at this little Institution. The majority of them are medium to low grade imbeciles, but about six are women of higher grade who do useful work in the house. Among the 28 are included two little boys of four and five years, two little girls of 5 and 10 years and a cretin aged 21 years who has the physique and mentality of a small child.

Today on our arrival we found 21 of the patients crowded into the schoolroom. This room is devoid of furniture beyond a few chairs round the wall and a piano placed so that it cannot be used. One girl was attempting to make a large rag rug but as there was no table had to work on the floor. The others were unoccupied. Some of the patients were using chamber pots. There were no small chairs for the younger children and no toys or teaching apparatus were seen. The patients were tidily dressed, but all were clothed in worn cotton frocks of the "workhouse" type with no individual touches.

We watched these patients enter their dining room where their dinner was already served on the plates. This meal was a good one consisting of mince with greens and potatoes followed by a good milk pudding or jam tart. Water was served to the children. The tables were nicely laid but none of them were of suitable height for the younger children. Many of the patients, including the children have to be fed and the higher grade girls help at this time. We noticed that the method of feeding was awkward for the patients and gave them no opportunity of training them to feed themselves. The dinner plates had not been warmed. On enquiry we learned that fish is never served—we consider that this would form a welcome change in diet and dried fish would be enjoyed by the staff.



The dormitories throughout were clean and tidy but very cold. We noticed that the communicating doors between dormitories were in many cases locked. As these doors form part of the system of alternative exit in case of fire they should be kept unlocked, or a key in a glass box should be placed on **each** side of **each** door. In one dormitory we found three cots covered with nets made of coarse twine in a wide mesh. These we consider very unsuitable and even dangerous and we think an alternative method should be employed. The high grade patients should be provided with lockers for their personal belongings.

The clothing of the patients needs to be brought up-to-date. We understand that this was formerly all made by the seamstress in the home, but that in future it will be supplied from the hospital clothing store at Denbigh. The opportunity should be taken to introduce more modern under clothing for the high grade girls together with winter frocks and coats for better wear. The clothing of the lower grade patients of faulty habits could also be made much more attractive and this would in some cases provide an incentive to take better care of it.

Much of the laundry is sent to Denbigh Hospital, but a daily wash including soiled bed and body linen and the dressess of the lower grade patients is done at Fronfraith. There are no wash tubs in the laundry here and water is conveyed from the kitchen.

As has been mentioned before shortage of staff is an acute problem at this Institution.

1. The staff employed at present includes:—

Miss Fletcher : Matron working from 6.30 a.m.—8 p.m.

Miss Hughes: Night Nurse—resident full time.

Mrs. Hassell: Assistant Nurse working part time, 8 a.m.—1 p.m.  
7 days per week.

Mrs. Hardwicke: Assistant Nurse working part time, 1 p.m.—6 p.m.  
Mondays to Saturdays.

Mrs. Davies: Assistant Nurse—relieves the night for 3 nights  
a fortnight—part time worker—36 hours per  
fortnight.

1 Cook: Resident, 6.30 a.m.—6 p.m. 1 full day +  $\frac{1}{2}$  day  
off per week.

1 Seamstress: Resident.

Miss Fletcher informed us that she was without a nurse every day from 6 p.m.—8 p.m. and from 1 p.m.—8 p.m. on Sundays. On Fridays the cook's day off she did the cooking. Miss Fletcher said it was impossible for her to take even the weekly halfday off

duty and she has been unable to have annual leave last year. We learned that one of the part time staff had approached the Matron regarding a week's leave, having previously arranged with Mrs. Davies, the part time relief night nurse to work her hours, and we suggested to Miss Fletcher that Mrs. Davies be asked if she would relieve her for one half or a full day each week.

Mr. Frost, the Secretary of the Hospital Management Committee, very kindly arranged for Mrs. Edwards, the Technical Nursing Officer, Ministry of Labour Nursing Appointments Office, Wrexham, to meet us at Fronfraith. We discussed with her the serious staffing position. She was sympathetic, but made no material suggestions. We asked her if there was a possibility of any German Nationals being available; we were told that the ones expected shortly were arranged for and the next group was not expected for 3 months. We suggested that a trained nurse to relieve Miss Fletcher for fortnightly week ends would be of great help.

In addition to the nursing staff there is urgent need for a trainer for the low grade patients (five nursery children and sixteen bigger girls). As mentioned before, tables and chairs of suitable size should be provided for them in the schoolroom together with a supply of sensory training apparatus such as that used in nursery schools and occupation centres. Some very simple occupations should be devised for the older group and plenty of music and movement for both groups. Large strong toys (such as carts, barrows filled with odds and ends) for pushing and pulling both indoors and out would be appreciated and large soft dolls which could be dressed and undressed would attract many of the older girls. There is plenty of work for a full time assistant for this work alone.

During our visit we paid attention to the staff accommodation which is very poor.

The Matron has a bedsitting room on the ground floor which is also her office.

On the first floor are two small bedrooms occupied by the night nurse and cook respectively. The former is approached only through the latter.

On the second floor is a large double bedded room at present vacant. It contains two beds, a combined wash-stand-dressing table (old-fashioned), two good easy chairs, one wardrobe. There is one light in the ceiling. There are three doors to this room leading to a patient's dormitory, to an outside fire escape and to a landing respectively.

Nursing and other staff use one room on the ground floor as a combined dining and sitting room and this same room is used by the seamstress as her workroom.



As it seems probable that Fronfraith will be used for its present purpose for at least some time to come we would suggest that the following improvements should be made:—

All staff rooms furnished as bed sitting rooms with divans, bedside tables, bedside lamps, easy chairs and electric radiators.

One screen for use in the double bedrooms.

These additions will provide more comfort and privacy for staff when off duty.

The Hospital Management Committee may be interested in the report soon to be published by the Hospital Equipment Committee. It contains some very useful suggestions for staff accommodation, furniture, etc.

Outings for patients are very restricted owing to lack of staff and we understand that the low grade children get out very little in the winter. During the summer they have use of the garden. We think however that the high grade girls should be allowed to go out for shopping and to church as no provision is made for any religious service. Films are shown fortnightly in the home through the kindness of the local Toc H. A visit was paid to the pantomime at Christmas and some of the patients were taken to the patients' dance at Denbigh Mental Hospital.

Two of the working girls receive 10/- per week as pocket money, three others 5/- per week, and two are paid 5/- per month. In the case of the low grade patients pocket money is pooled and spent on the sweet ration. We understand that at present the working girls do not handle their own money, but now that some clerical help is provided by the Hospital Management Committee we suggest that a Post Office account should be opened for those earning 10/- so that they can learn both how to spend and how to save their money.

The general health of the patients has been very good. Weekly medical visits are paid and Dr. Roberts and the Medical Superintendent from Denbigh also visits almost weekly.

No visiting dentist is available at present, we were pleased to hear that one may be appointed shortly.

MARGARET McFARLANE,  
M. G. MILNE-REDHEAD,

*Inspectors of the Board of Control*







